PEST CONTROL USE RECORD

Street address	City	State / ZIP	Date of service	Pages
				1

Record No.

Business TPCL No.

Keep until

Customer billing name	Billing address	Customer phone

Pesticide or device	EPA Reg. No.	Mixing rate or % active ingredient	Total applied or no. of devices	Target pest or purpose	Where applied

Termite jobs, 4 TAC §7.144(b)	Area treated per site (sq ft)	Physical barrier (sq ft or linear ft), diagram attached	Preconstruction tanks, gal each, start and stop time

Applied by	License No.	Supervising certified applicator	License No.
Person in training, if any	**License No.**	**Applicator signature**	

Emergency treatment, 4 TAC §7.147(g): ☐ Signed statement kept with this record ☐ Customer not available to sign

Notes

4 TAC §7.144(a): "Pest records must be kept on the premises of the business facility location or, in the case of a certified noncommercial applicator, the employer's premises."

4 TAC §7.144(c): "These records shall be made available to the department upon written or verbal request."